



**Human Resources Division
Employee Benefits
PO Box 1466
Mesa, AZ 85211
Phone 480-644-2299**

Dear Retiree:

As a convenience to you, Employee Benefits has two options for you to pay your monthly health insurance premiums. Those two options are:

- SurePay – You can have your monthly premiums automatically deducted from your checking account. SurePay is a great way to make sure your premiums are paid on time, especially if you live outside the Mesa area, or if you do a lot of traveling. With the SurePay plan, your monthly premium amount will be deducted from your account on or about the 10th day of each month and deposited into the City's bank account. Your records in the Benefits Office will be automatically updated when your payment is received from the bank, and your insurance coverage will continue without any lapse. More information about the SurePay system is included on the authorization form should you decide to enroll in this option.
- Payment in Person or by Mail –All payments are to be directed to the City's Customer Service Office, located at 55 N. Center Street in Mesa. To assure that your payments are properly credited to your health insurance account, you will receive a billing statement indicating the amount of your premium due, along with a tear-off portion for you to return with your payment. These payments may also be sent by mail, using the envelope that will be included with your billing statement.

The Benefits Office no longer accepts retiree premium payments. If you decide not to enroll in the SurePay plan, please take or mail your payments to the Customer Service Office indicated above.

If you would like to enroll in the SurePay plan, please complete the enclosed authorization form and return it, along with a voided check to Leslie Rogers, Employee Benefits Sr. Program Assistant at the following address:

City of Mesa Employee Benefits
P.O. Box 1466
Mesa, AZ 85211-1466

Authorization forms take approximately 2 weeks to process. So, depending on when we receive your authorization form, it may be necessary for you to submit your first month's premium (if newly retired) or your next month's premium (if a current retiree) to Customer Service.

If you have any questions about the SurePay plan please contact our office at (480) 644-2299.

Sincerely,

Employee Benefits Office

CITY OF MESA EMPLOYEE BENEFITS
SUREPAY PLAN INFORMATION AND AUTHORIZATION AGREEMENT

As a convenience to our retirees, the City of Mesa is offering a SurePay plan, which will automatically deduct your health insurance premiums from your checking account on a monthly basis. In order to ensure your premiums are paid in a timely and efficient manner, and to make sure you are not charged any additional fees, please refer to the following SurePay Plan Guidelines:

- The SurePay method of paying your monthly premiums may be elected at any time; however, authorization forms received after the first of each month may not take effect until the following month.
- **When completing the SurePay form make sure that you have entered the correct Routing and Bank Account Number. Include a voided check with your Surepay form. If you have completed the SurePay form with the incorrect numbers and the City of Mesa does not receive the funds from your bank account, you will be assessed a \$25 charge by the City of Mesa.**
- SurePay payments will be deducted from your checking account on or about the 10th of each month. Please be sure there are sufficient funds in your account to cover your premium cost.
- In the event there are not sufficient funds in your account, the City of Mesa Employee Benefits Office will be notified by our bank. **You will then be assessed a \$25 charge by the City of Mesa, in addition to any fees assessed by your own bank.** You will then be notified by the City of Mesa of the total amount due and instructed as to how to make this payment. In the event you fail to make your payment, your health insurance coverage may be terminated. Frequent situations involving insufficient funds will result in termination of your SurePay arrangement.
- You may end your participation in the SurePay Plan or change your account information at any time upon written notification to the Employee Benefits Office. All correspondence should be directed to Leslie Rogers, Employee Benefits Sr. Program Assistant, P.O. Box 1466, Mesa, AZ 85211-1466. Terminations/changes may take up to two work weeks to take effect, therefore, any changes received after the first of the month may not be processed in time to avoid a transaction on the 10th.

To enroll in the City of Mesa Employee Benefits Division SurePay Plan, please complete the following Authorization Agreement and return it, along with a voided check from your checking account to Leslie Rogers at the address shown above.

SUREPAY AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (ACH DEBITS)

PLEASE STAPLE
VOIDED CHECK HERE

COMPANY NAME: City of Mesa Employee Benefits

I/We hereby authorize the City of Mesa Employee Benefits, hereinafter called COMPANY, to initiate debit entries to my/our checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Remember to include a voided check with your Surepay form.

NAME OF BANK: _____

ROUTING NUMBER*: _____ BANK ACCOUNT #: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me/us of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I/We have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I/We send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

NAMES: _____ EMPLOYEE #: _____

(PLEASE PRINT)

DATE: _____ SIGNED: x _____

*The Routing Number is the first 9 digits found on the lower left-hand corner of your check. Please make sure you enter the correct Routing and Bank Account numbers. If unsure of the correct numbers, please contact your bank for assistance.

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